FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 161021

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| Apr 30 1997 8:00am | | | | | | | | |
| Secretary of State | | | | | | | | |

| Principal Place of Business Mailing Address 2010 WEST BOBE STREET PENSACOLA FL 32505 PENSACOLA FL 32505-5716 | | | | | | | | | |
|--|--------------------------|----------------------------------|-------------------------|----------------|--------------------|---|--------------|-------------------|-----------------------------|
| | | | | | | 3. Date Incorporated or Qualifie 03/06/1987 | | ate of Last R | eport |
| | l Place of Bus | ness | 2a. Mailing Addres | s | | 4. FEI Number | | Ap | polied For |
| | pt #, etc | | 26 Suite, Apt. #, e | to. | | 59-2918801 | 14 | \$8.75 | ot Applicable Additional |
| 22 | | | 27 | | | 5. Certificate of Status Desired | | Fee Re | quired |
| Ony & S 23] | T¥at€: | | City & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | |
| Zip 24 | | Country 25 | Z(p 29 | 30 | intry | 8. This corporation has liability f | | e tax under s. | 199.032, |
| | 9. Name | and Address of Currer | | | | 10. Name and Address of New | Registered | Agent | |
| | ope, Russe | | | | 81 Name | | | | |
| | B10 WEST B ENSACOLA I | OBE STREET | | | 82 Street A | ddress (P.O. Box Number is Not Accep | table) | | **** |
| | CHONOOLA | L 05003 | | | 63 | | | | |
| | | | | | 84 City | ************************************** | | 85 Zip (| Code |
| 44 77 1 | | con al Cardin a COZ DEC | 00 and 602 1509 Florida | Clabaton the o | baua bamada | conception a desite this statement for th | FL | - | n registered |
| agent SIGNATUR | • | or protect name of registered ag | | | | corporation submits this statement for the pration's board of directors. I hereby accepted when reinstating. ADDITIONS/CHANGES TO OF | DATE | | |
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| NAMI Contractor | | | | 62 N | | | | | |
| STREET ADDRES | # | | | 6.3 \$ | TREET ADDRESS | | | | |

64 CITY-ST-ZIP

14. It do nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: